

Norfolk Recreation, Parks & Open Space offers reasonable accommodations to enable an individual's successful participation in our programs. To access this service, please complete this form and submit it with the program registration form. You will be contact by a certified therapeutic recreation specialist for an evaluation that must be completed before participant may enter program.

Participant Name: _____
Last Name
First Name
Middle
Nickname

Gender: _____ **Birthday:** _____ **Age:** _____

Parent/Guardian: _____
Last Name
First Name

Home Phone
Work Phone
Cell Phone

Program Location: _____

Program Start Date: _____

Special Needs/Accommodations:

Attention Deficit/Hyperactivity: _____

Autism Spectrum: _____

Behavioral/Emotional: _____

Deaf/Hard of Hearing: _____

Developmental Disability: _____

Low Vision/Legally Blind: _____

Uses Mobility Guide: _____

Other (please elaborate): _____

PLEASE READ AND SIGN AGREEMENT ON THE BACK OF THIS PAGE



AGREEMENTS

Parent/guardian signature below indicates agreement with the following:

1. I understand that this service is not designed for therapeutic or one-on-one care. I understand that the Certified Therapeutic Recreation Specialist does not dictate the structure of the program and should I have concerns about the structure of the program I should contact the program supervisor.
2. I understand that it is my responsibility to provide the Certified Therapeutic Recreation Specialist with the most current information on my child/dependent and his/her abilities to assist in making accommodations to meet his/her needs.
3. I understand that it is my responsibility to let the Certified Therapeutic Recreation Specialist know if there are any changes to the information I have provided on my child/dependent as soon as change occurs

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature

Date

Certified therapeutic Recreation Specialist Signature

Date

Received by Therapeutic Recreation Specialist

Date